

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Dong Kwan MA and Gi Jong KIM

For (title): COLUMN UNIT

1. Type of Application

This new application is for a(n):

☒ Original

☐ Design

☐ Plant

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

10 Pages of specification

6 Sheets of drawing

4 Pages of claims

☐ formal

1 Pages of abstract

☐ informal

15 TOTAL PAGES

B. Oath or Declaration

Newly executed (original or copy)

2 TOTAL PAGES

3. Additional papers enclosed

Assignment Papers (cover sheet and document(s))

Power of Attorney

Certified Copy of Priority Document(s) (if foreign priority is claimed) Korean Application

No. 63081/2002 filed October 16, 2002

Other

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10

I hereby certify that, on the date shown below, this paper (along with any referred to as being attached or enclosed) is being:

MAILING

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37 C.F.R. § 1.8(a)

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37 C.F.R. § 1.10

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Signature

Catherine R. Viquelia

(type or print name of person certifying)

Date: October 15, 2003

4. Fee Calculation (37 C.F.R. § 1.16)A. ☒ Regular application

| CLAIMS AS FILED | | | | | |
|--|-----------------|--------|-----------------|-------------|---|
| | Number Filed | | Number Extra | Rate | Basic Fee 37 C.F.R. § 1.16(a) \$ 770.00 |
| Total Claims (37 C.F.R. § 1.16(c)) | 16 | - 20 = | 0 | x \$ 18.00 | \$0.00 |
| Independent Claims (37 C.F.R. § 1.16(b)) | 3 | - 3 = | 0 | x \$ 86.00 | \$0.00 |
| Multiple dependent claim(s), if any (37 C.F.R. § 1.16(d)) | | | | + \$ 290.00 | 0 |
| FILING FEE CALCULATION | | | | | \$770.00 |

5. Fee Payment Being Made at This Time

Enclosed

| | |
|---|-------------------------|
| Filing fee | \$ <u>770.00</u> |
| Recording assignment (\$40.00; 37 C.F.R. § 1.21(h)) | \$ <u>40.00</u> |
| TOTAL FEES ENCLOSED | \$ <u>810.00</u> |

6. Method of Payment of FeesAttached is a ☒ check ☐ money order in the amount of \$ 810.00.Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 502481. A duplicate of this paper is attached.

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 SIGNATURE OF PRACTITIONER

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